

Central Intelligence Agency



Washington, D.C. 20505

Ms. Desiree Salomone
411A Highland Avenue
Somerville, MA 02144

Dear Ms. Salomone:

On 13 November 2018, the office of the Information and Privacy Coordinator received your 13 November 2018 Privacy Act (PA) request, submitted electronically through our website, for information on yourself. We regret that we are unable to accept electronic PA requests at this time. Therefore, please re-submit your request through the mail or via fax. Our mailing address is:

Information and Privacy Coordinator
Central Intelligence Agency
Washington, DC 20505

Our fax number is 703-613-3007. We have enclosed our Privacy Act–Certification of Identity form for your convenience.

Sincerely,

A handwritten signature in black ink, appearing to read "Allison Fong", with a stylized flourish at the end.

Allison Fong
Information and Privacy Coordinator

Enclosure



Central Intelligence Agency
Information and Privacy Coordinator
Washington, DC 20505 Fax (703) 613-3007

PRIVACY ACT - CERTIFICATION OF IDENTITY

Privacy Act Statement: In accordance with 32 CFR Section 1901.13 personal data to identify the individual submitting requests by mail or by electronic means under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this form is to ensure that the records of individuals are not wrongfully disclosed by Central Intelligence Agency (CIA). Requests will not be processed if all of this information is not furnished. False information on this form may subject the requester to criminal penalties under 5 U.S.C. Section 552a(i)(3).

Your Full Name (Last, First, Middle) – Mr/Mrs/Ms: _____

Any Other Names Used? _____

Your Current Mailing Address & Phone: _____

Date of Birth: ____/____/____ Place of Birth (City and State): _____
Month Day Year

CITIZENSHIP STATUS¹ (Please Check One)

____ US Citizen Social Security Number² ____ - ____ - ____ Other Country: _____
OR

____ Naturalized Citizen as of ____/____/____ Naturalization #: _____
Month Day Year
OR

____ Permanent Resident Alien as of ____/____/____ PRA # _____
Month Day Year

Specific Records of Interest: _____

Authorization to Release Information to Another Person: This section is to be completed by a requester who is authorizing information relating to him/herself to be released to another person. Furthermore, pursuant to 5 U.S.C. 552a(b), I authorize the CIA to release any and all information relating to me to the following:

Print name and address to who records should be released

Statement Under Perjury: I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5,000.

Signature: _____ Date: _____

¹ Individual submitting a request under the Privacy Act of 1974 must be "a citizen of the United States or an alien lawfully admitted for permanent residence", pursuant to 5 U.S.C. 552a(a)(2). Requests will be processed as Freedom of Information Act requests pursuant to 5 U.S.C. 552, rather than Privacy Act requests, for individuals who are not United States citizens or aliens lawfully admitted for permanent residence.

² Providing your Social Security Number is voluntary. You are asked to provide your Social Security Number only to facilitate the identification of records relating to you. Without your Social Security Number, we may be unable to locate any or all records.